



Statewide Health Care Core Measure Set
Technical Work Group on Acute Care Measures

Meeting #3: Wednesday, August 6, 2014

9:00 – 11:00 am

Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group. Workgroup members introduced themselves. Meeting attendance is recorded on page two of this meeting summary. The slide deck for this meeting is available upon request; please contact Susie Dade at sdade@wahealthalliance.org
II. Review of Measure Selection Process	Ms. Waldman (Bailit Health Purchasing) quickly reviewed the measure selection criteria and the process the workgroup is using, including: <ol style="list-style-type: none"> 1. Discuss measures by category – items that were determined to be a “no” are not included on the list. 2. Discuss whether of the remaining measures to include each measures (yes/maybe/no) 3. Take second pass through the yes/maybe list 4. Review additional measures recommended by group members and determine whether to consider 5. Review entire list, narrow recommended measures (not to exceed 15)
III. Measure Review Process	See combined results from Meetings Two and Three starting on page 3 of this meeting summary. More information was requested on the following for discussion at a future meeting: <ul style="list-style-type: none"> • Re-admission 30 day all-cause measures (two options both endorsed by NQF (1768 and 1789) – Bailit will develop comparison) • Medication Reconciliation (Bailit will look at how other states are handling this measure) • Obstetrics induction measures(#250) (Larry Schecter will report back on how far along state is with this measure) • Stroke Measure (NQF # 0437)(Kim Kelley will follow up on state’s ability to report on this measure)
IV. Next steps and wrap-up	Workgroup members were asked to provide any feedback on measures for discussion at the August 21 meeting NO LATER THAN AUGUST 12, 2014 . Email to: Beth Waldman at: bwaldman@bailit-health.com and to kbazinsky@bailit-health.com . The next workgroup meeting is on Thursday, August 21, from 9:00 – 11:00 am.

August 6, 2014 Attendance/Committee members:**Attendance/Workgroup members:**

Committee Member	Organization	ATTENDED in Person	ATTENDED by Webinar/Phone	DID NOT ATTEND
Connie Davis	Skagit Regional Health		X	
Mark Delbeccaro	Seattle Childrens		X	
Tim Delit	University of Washington			X
Sue Dietz	Critical Access Hospital Network	X		
Jennifer Graves	Washington State Nurses Association	X		
Patrick Jones	Eastern WA University Institute for Public Policy & Economic Analysis		X	
Kim Kelley	WA State Department of Health	X		
Dan Kent	Premera Blue Cross		X	
Michael Myint	Swedish Health Services	X		
Terry Rogers	Foundation for Healthcare Quality	X		
Lawrence Schechter (for Carol Wagner)	Washington State Hospital Association	X		

Attendance/Staff:

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Laura Pennington	WA State Health Care Authority
Beth Waldman	Bailit Healthcare Purchasing (by phone)

Attendance/Other (Public):

Jody Daniels, GlaxoSmithKline

Jeff Rochon, Washington State Pharmacy Association

Ann Simons, GlaxoSmithKline

August 6, 2014-- The following measures have been reviewed and considered **YES**:

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
20	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	
H-61	OP-8: Outpatient MRI without Treatment: Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	0514	CMS	Avoidance of Overuse	Claims	This measure calculates the percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy. Antecedent conservative therapy may include (see subsequent details for codes): 1)Claim(s) for physical therapy in the 60 days preceding the Lumbar Spine MRI 2)Claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the Lumbar Spine MRI 3)Claim(s) for evaluation and management in the period >28 days and <60 days preceding the Lumbar Spine MRI.	There is significant overuse here and considerable room for improvement across populations; good overall system measure.
49	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-41	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	
H-63	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Commission	Obstetrics	Claims and Clinical Data	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care.	Significant opportunity for improvement; strong system measure
H-28	HCAHPS - Communication about Medicines - Discharge Information	0166	CMS	Patient Experience	Survey	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information Workgroup selected two in particular (Communication about Medicines and Discharge Information) as they relate specifically to improving care transitions and reducing hospital readmissions.	The workgroup excluded the rest of the composites. This will be included as two separate measures.
14	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-99	STK-4: Thrombolytic Therapy	0437	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	This is the most important measure in treating stroke and a major state initiative. While state is performing better than national average, there is still room for improvement. Kim Kelley will confirm that this is readily measurable.

August 6, 2014-- The following measures have been reviewed and considered **MAYBE**:

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-42	MORT-30-HF: Heart Failure Mortality	0229	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	
94	Plan All-Cause Readmission (PCR)	1768	NCQA	Hospital Readmissions/ Care Transitions	Claims	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission	Will include an all cause re-admission measure; comparing this one to NQF 1789. Note that Alliance has already programmed this measure; and has added a component related to whether outpatient visit occurred between the index admission and the readmission

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-79	READM-30-HOSP-WIDE: Hospital-wide Readmit	1789	CMS	Hospital Readmissions/ Care Transitions	Claims	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts.	Will include an all cause re-admission measure; comparing this one to NQF 1768. This is a hospital compare measure. This measure does <u>not</u> include a component related to whether outpatient visit occurred between the index admission and the readmission
175	Medication Reconciliation	NA	Pharmacy Quality Alliance	Medication Management and Generic Use	unknown	patient's personal medication list comprehensive review and reconciliation	No specific measure identified to date; Workgroup interested in including a medication reconciliation measure -- interested in seeing what other states are including and what is possible to measures with readily available data in WA State.
176	MTM	NA	Pharmacy Quality Alliance	Medication Management and Generic Use	unknown	eligible members who received a Comprehensive Medication Review (CMR)	
200	Use of High-Risk Medications in the Elderly (DAE)	0022	NCQA	Medication Management and Generic Use	Clinical Data	Percentage of patients 66 years of age and older who were ordered high- risk medications. Two rates are reported: % of patients who were ordered at least one high-risk medication, and % of patients who were ordered at least two different high-risk medications.	
169	Medication Reconciliation	0097	NCQA	Medication Management and Generic Use	Clinical Data	Percentage of patients aged 65 years and older discharged from any IP facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
250	Percent non-medically indicated inductions with unfavorable cervix in nulliparous women	NA	NA	Obstetrics	unknown	Percent non-medically indicated inductions with unfavorable cervix in nulliparous women	There is a significant amount of work occurring on this topic today. Larry Schecter is doing additional research on how far along the state is in measuring it.

August 6, 2014-- The following measures were reviewed and considered **NO. These are removed from further consideration:**

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-45	OP-10: Abdomen CT Use of Contrast Material	NA	CMS	Avoidance of Overuse	Claims	Measure related to patients who undergo abdominal CT scans with and without contrast (or combined studies) and is based on a single year of claims data. The number of combined studies is compared to the total number of studies (combined, with contrast, and without).	
H-48	OP-14: Simultaneous use of brain computed tomography (CT) and sinus CT	NA	CMS	Avoidance of Overuse	Claims	Studies with a simultaneous Sinus CT study on the same date as the same facility as a Brain CT	
H-46	OP-11: Outpatient Chest Scans: Outpatient CT scans of the chest that were 'combination' (double) scans	0513	CMS	Avoidance of Overuse	Claims	This measure calculates the percentage of thorax CT studies that are performed with and without contrast out of all thorax CT studies performed (those with contrast, those without contrast, and those with both). The measure is calculated based on a one-year window of Medicare claims data.	
118	Use of Imaging Studies for Low Back Pain (LBP)	0052	NCQA	Avoidance of Overuse	Claims	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Being retired by NCQA in 2015?
H-68	PN-6: Appropriate Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients PN-6a: Initial Antibiotic Selection for CAP in Immunocompetent –ICU Patient PN-6b: Initial Antibiotic Selection for CAP in Immunocompetent –Non ICU Patient	0147	CMS	Avoidance of Overuse	Clinical Data	Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP)	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-88	SCIPINF-3a: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time – Overall Rate	0529	CMS	Avoidance of Overuse	Clinical Data	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery). The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.	
H-67	PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	0148 (No longer endorsed)	CMS	Avoidance of Overuse	Clinical Data	Percentage of pneumonia patients 18 years of age and older who have had blood cultures performed in the emergency department prior to initial antibiotic received in hospital	
132	Psychiatric Hospitalization Readmission Rate	NA	HEDIS (modified)	Behavioral Health	Claims	Modified version of NCQA's HEDIS "Plan All-Cause Readmission" Metric." Proportion of acute psychiatric inpatient stays during the measurement year that were followed by an acute psychiatric readmission within 30 days	Group thought that this was important but should be a second-phase, parking lot measure
251	Alcohol Use Screening		The Joint Commission	Behavioral Health	Claims and Clinical Data	Hospitalized patients who are screened within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use.	Limited population; This is currently part of the Medicaid incentive work; data is not readily available. There are some better screens (SBIRT)
H-25	HBIPS-5a: Multiple Antipsychotic Medications At Discharge With Appropriate Justification – Overall Rate	0560	The Joint Commission	Behavioral Health	Claims and Clinical Data	The proportion of patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services that are used in The Joint Commission's accreditation process. Note that this is a paired measure with HBIPS-4 (Patients discharged on multiple antipsychotic medications).	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-23	HBIPS-2a: Hours of Physical Restraint Use	0640	The Joint Commission	Behavioral Health	Clinical Data	The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services that are used in The Joint Commission's accreditation process.	
H-24	HBIPS-3a: Hours of Seclusion	0641	The Joint Commission	Behavioral Health	Clinical Data	The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services that are used in The Joint Commission's accreditation process.	
73	Mental Health Utilization	NA	NCQA	Behavioral Health	Claims	The number and percentage of members receiving the following mental health services during the measurement year: <ul style="list-style-type: none"> • Any service. • Inpatient. • Intensive outpatient or partial hospitalization. • Outpatient or ED. 	Descriptive only; not priority as a starter set measure.
43	Drug-eluting stent: antiplatelet therapy	NA	Resolution Health	Cardiac	Clinical Data	This measure calculates the percentage of members with a PCI with a drug-eluting intracoronary stent in first 9 months of the reporting period who receive appropriate antiplatelet therapy in the 3 months after the stent placement.	
H-91	SM-PART-CARD: Participation in a systematic database for cardiac surgery	0113	Society of Thoracic Surgeons	Cardiac	Clinical Data/Registry	Participation in a clinical database with broad state, regional, or national representation, that provides regular performance reports based on benchmarked data	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-47	OP-13: Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery	0669	CMS	Cardiac	Claims	This measure calculates the percentage of low-risk, non-cardiac surgeries performed at a hospital outpatient facility with a Stress Echocardiography, SPECT MPI or Stress MRI study performed in the 30 days prior to the surgery at a hospital outpatient facility (e.g., endoscopic, superficial, cataract surgery, and breast biopsy procedures). Results are to be segmented and reported by hospital outpatient facility where the imaging procedure was performed.	(Note: this is a choosing wisely measure; it could also be considered an Avoidance of Overuse measure)
H-58	OP-5: Outpatient Minutes to ECG	0289	CMS	Cardiac	Clinical Data	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain).	
H-56	OP-3b: Outpatient Minutes to Transfer	0290	CMS	Cardiac	Claims and Clinical Data	Median time from emergency department arrival to time of transfer to another facility for acute coronary intervention.	Because this is a critical issue and there is some back sliding at some smaller hospitals; the group wanted to include on the parking lot list.
H-31	HF-2: Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	0135	CMS	Cardiac	Claims and Clinical Data	Percentage of heart failure patients with documentation in the hospital record that left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge.	
H-9	AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival	0163	CMS	Cardiac	Claims and Clinical Data	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	
H-84	SCIP Inf-4: Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	0300	CMS	Cardiac	Clinical Data	Cardiac surgery patients with controlled postoperative blood glucose (less than or equal to 180 mg/dl) in the timeframe of 18 to 24 hours after Anesthesia End Time.	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
99	Post MI: ACE-I/ARB therapy	0594	Resolution Health	Cardiac: ACEI or ARB	Claims	This measure calculates the percentage of members age 18 and older with a myocardial infarction plus a history of hypertension, heart failure and/or diabetes prior to the measurement year receiving ACE inhibitor or angiotensin receptor blocker therapy.	Performing well on this measure; standard practice
H-6	AMI-3: ACEI or ARB for LVSD	0137	CMS	Cardiac: ACEI or ARB	Claims and Clinical Data	Percentage of acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.	Performing well on this measure; standard practice
H-32	HF-3: ACEI or ARB for LVSD	0162	CMS	Cardiac: ACEI or ARB	Claims and Clinical Data	Percentage of heart failure (HF) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.	
H-3	AMI-1: Aspirin at Arrival	0132	CMS	Cardiac: Aspirin	Claims and Clinical Data	Percentage of acute myocardial infarction (AMI) patients who received aspirin within 24 hours before or after hospital arrival	
H-57	OP-4: Outpatient Aspirin at Arrival	0286	CMS	Cardiac: Aspirin	Clinical Data	Percentage of emergency department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) without aspirin contraindications who received aspirin within 24 hours before ED arrival or prior to transfer.	
H-5	AMI-2: Aspirin Prescribed at Discharge	0142	CMS	Cardiac: Aspirin	Claims and Clinical Data	Percentage of acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
100	Post MI: Beta Blocker therapy	NA	AMA	Cardiac: Beta Blocker	Claims	This measure calculates the percentage of members age 18 and older with ischemic heart disease and evidence of a prior myocardial infarction receiving beta-blocker therapy.	This is small in #; would not be able to measure at the medical group level
H-7	AMI-5: Beta-Blocker Prescribed at Discharge	0160	CMS	Cardiac: beta blocker	Claims and Clinical Data	Percentage of acute myocardial infarction (AMI) patients who are prescribed a beta-blocker at hospital discharge	This is small in #; would not be able to measure at the medical group level
88	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	0071	NCQA	Cardiac: Beta Blocker	Claims	The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	
H-81	SCIP Card-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	0284	CMS	Cardiac: Beta Blocker	Clinical Data	Percentage of patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period. To be in the denominator, the patient must be on a beta-blocker prior to arrival. The case is excluded if the patient is not on a beta-blocker prior to arrival.	
H-30	HF-1: Heart Failure: Instructions Given When Patient is Released from the Hospital	0136 (no longer endorsed)	CMS	Cardiac: Discharge Instructions	Claims and Clinical Data	Percentage of heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	
244	Median time to fibrinolysis in the emergency department (ED).	0287 (no longer endorsed)	Centers for Medicare & Medicaid Services (CMS)	Cardiac: Fibrinolysis	Clinical data	Time (in minutes) from emergency department (ED) arrival to administration of fibrinolytic therapy in acute myocardial infarction (AMI) patients with ST-segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-51	OP-2: Fibrinolytic therapy received within 30 minutes of ED arrival	0288	CMS	Cardiac: Fibrinolysis	Claims and Clinical Data	Emergency Department acute myocardial infarction (AMI) patients receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less.	
H-8	AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0164	CMS	Cardiac: Fibrinolysis	Claims and Clinical Data	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	
H-101	STK-6: Discharged on Statin Medication	0439	The Joint Commission	Cardiac: Statin	Clinical Data	This measure captures the proportion of ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival who are prescribed statin medication at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	
H-4	AMI-10: Statin Prescribed at Discharge	0639	CMS	Cardiac: Statin	Clinical Data	Percent of acute myocardial infarction (AMI) patients who are prescribed a statin at hospital discharge.	
H-77	READM-30-HF: Heart Failure Readmit	0330	CMS	Hospital Readmissions/ Care Transitions	Claims	The measure estimates a hospital-level 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF). The outcome is defined as readmission for any cause within 30 days of the discharge date for the index hospitalization, excluding a specified set of planned readmissions. The target population is patients aged 18 years and older. CMS annually reports the measure for individuals who are 65 years and older and are either Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals or patients hospitalized in Department of Veterans Affairs (VA) facilities.	Important measure, but only looks at one disease.

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-76	READM-30-AMI: Heart Attack Readmit	0505	CMS	Hospital Readmissions/ Care Transitions	Claims	The measure estimates a hospital-level 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). The outcome is defined as readmission for any cause within 30 days of the discharge date for the index admission, excluding a specified set of planned readmissions. The target population is patients aged 18 years and older. CMS annually reports the measure for individuals who are 65 years and older and are either Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals or patients hospitalized in Department of Veterans Affairs (VA) facilities.	Important measure, but only looks at one disease.
H-80	READM-30-PN: Pneumonia Readmit	0506	CMS	Hospital Readmissions/ Care Transitions	Claims	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of pneumonia. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	Important measure, but only looks at one disease.
H-78	READM-30-HIP-KNEE:Hip/Knee Readmit	1551	CMS	Hospital Readmissions/ Care Transitions	Claims	This measure estimates hospital-level 30-day RSRRs following elective primary THA and/or TKA in patients 65 years and older. The outcome is defined as readmission for any cause within 30 days of the discharge date for the index hospitalization, excluding a specified set of planned readmissions.	Important measure, but only looks at one disease.

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
53	Heart Attack Hospital 30 Day Readmissions	NA		Hospital Readmission s/ Care Transitions	Claims	The measure assesses unplanned readmissions to any acute care hospital within a 30-day period from the date of discharge from the index heart failure (HF) admission. The hospital-specific risk-standardized readmission rate (RSRR) is calculated as the ratio of the number of "predicted" readmissions to the number of "expected" readmissions, multiplied by the national unadjusted readmission rate.	Important measure, but only looks at one disease.
98	Pneumonia Care Hospital 30-day readmissions	NA		Hospital Readmission s/ Care Transitions	Claims		Important measure, but only looks at one disease.
205	3-Item Care Transition Measure (CTM-3)	0228	University of Colorado Health Sciences Center	Hospital Readmission s/ Care Transitions	Survey	Uni-dimensional patient self-reported survey that measure the quality of preparation for care transitions (to be included in HCAHPS)	This may important measure to include in the future when routinely captured through HCAHPS
H-26	HBIPS-6a: Post Discharge Continuing Care Plan – Overall Rate	0557	The Joint Commission	Hospital Readmission s/ Care Transitions	Clinical Data	The proportion of patients discharged from a hospital-based inpatient psychiatric setting with a post discharge continuing care plan created. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services that are used in The Joint Commission's accreditation process. Note that this is a paired measure with HBIPS-7 (Post Discharge Continuing Care Plan Transmitted).	
H-27	HBIPS-7a: Post Discharge Continuing Care Plan Transmitted – Overall Rate	0558	The Joint Commission	Hospital Readmission s/ Care Transitions	Clinical Data	The proportion of patients discharged from a hospital-based inpatient psychiatric setting with a complete post discharge continuing care plan, all the components of which are transmitted to the next level of care provider upon discharge This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services that are used in The Joint Commission's accreditation process. Note that this is a paired measure with HBIPS-6 (Post Discharge Continuing Care Plan Created).	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-49	OP-17: Tracking clinical results between visits	0491 (no longer endorsed)	CMS	Hospital Readmissions/ Care Transitions	Facility Reporting	Documentation of the extent to which a provider uses a certified/qualified electronic health record (EHR) system to track pending laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals. The Electronic Health Record includes provider reminders when clinical results are not received within a predefined timeframe.	
167	Transition Record with Specified Elements Received by Discharged Patients	0647	AMA-PCPI	Hospital Readmissions/ Care Transitions	Clinical Data	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge	
168	Care Transition Record Transmitted to Health Care Professional	0648	AMA-PCPI	Hospital Readmissions/ Care Transitions	Clinical Data	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the designated health care provider for follow-up care within 24 hours.	Note: Care Transitions in general should be included in Parking Lot.
249	Discharge Information and Follow-up Phone Call for Inpatients	NA	NA	Hospital Readmissions/ Care Transitions	self-reported un-audited	Discharge Information and Follow-up Phone Call for Inpatients (Acute Myocardial Infarction (AMI), Heart Failure (HF), Community Acquired Pneumonia (CAP), Chronic Obstructive Pulmonary Disease (COPD) and Stroke)	Members asked for this to be considered in the parking lot. There is a lot of activity going on here and from this work may be able to identify some best practices for future measurement.
246	Outpatient emergency department transfer communication (7 elements)	NA	Centers for Medicare & Medicaid Services (CMS)	Hospital Readmissions/ Care Transitions	Clinical data	Number of information elements sent with transfer patients in 7 components: Pre-Transfer Communication Information * Patient Identification * Vital Signs * Medication-related Information * Practitioner generated information * Nurse generated information * Procedures and tests	
H-37	Long-Stay Nursing Home Residents with a Hospital Admission	NA	CMS	Hospital Readmission	Claims	2010 MedPAR, MDS-Medicare	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-38	Medicare 30-day Hospital Readmissions, per 1,000 Beneficiaries	NA	CMS	Hospital Readmissions/ Care Transitions	Claims	2012 Chronic Condition Warehouse- Medicare	
H-90	Short-Stay Nursing Home Residents with a 30-day Readmission to the Hospital	NA		Hospital Readmissions/ Care Transitions	Claims	2010 MedPAR, MDS-Medicare	
142	Documentation of Current Medications in the Medical Record	0419	CMS	Hospital Readmissions/ Care Transitions	Clinical Data	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	
140	Closing the referral loop: receipt of specialist report	NA	CMS	Hospital Readmissions/ Care Transitions	Clinical Data	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	
H-14	CAC-3: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	0338 (no longer endorsed)	The Joint Commission	Hospital Readmissions/ Care Transitions	Clinical Data	This measure assesses the proportion of pediatric asthma patients discharged from an inpatient hospital stay with a Home Management Plan of Care (HMPC) document in place. This measure is one of a set of three nationally implemented measures that address children's asthma care that are used in The Joint Commission's accreditation process	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
101	Prenatal & Postpartum Care (PPC)	1517	NCQA	Obstetrics	Claims and Clinical Data	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery 	Only able to measure at health plan level; group asked that this topic be placed in Parking Lot. Important measure but because providers paid global fee don't have claim for each visit so hard to measure reliably today.
198	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	0012	AMA-PCPI	Obstetrics	Clinical Data	Percentage of patients who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	
199	Prenatal Care: Anti-D Immune Globulin	0014	AMA-PCPI	Obstetrics	Clinical Data	Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	
216	Healthy Term Newborn	0716	California Maternal Quality Care Collaborative	Obstetrics	Claims	Percentage of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care	
225	Frequency of Ongoing Prenatal Care (FPC)	1391	NCQA	Obstetrics	Claims and Clinical Data	Measure examines the percentage of Medicaid deliveries that received various numbers of expected prenatal visits.	This is a Medicaid only measure
H-62	PC-01: Elective delivery	0469	The Joint Commission	Obstetrics	Clinical Data	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care.	State has already made significant advancement in this area; no significant opportunity for improvement

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-64	PC-03: Antenatal Steroids	0476	The Joint Commission	Obstetrics	Claims and Clinical Data	This measure assesses patients at risk of preterm delivery at >=24 and <32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care.	
89	PES Composite	NA		Patient Experience	Survey		Broad composite not actionable for QI
90	PES Question: Appt for Care When Wanted - Not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted it?	NA		Patient Experience	Survey	CAHPS: Not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted it?	
212	Change in Basic Mobility as Measured by the AM-PAC:	0429	CREcare	Patient Experience	Survey	Activity Measure for Post Acute Care (AM-PAC)-CMS DOTPA Short Form Public Domain Version. The AM-PAC is a functional status assessment instrument developed specifically for use in facility and community dwelling post acute care patients. Unlike traditional functional outcome measures which are disease, condition, or setting-specific, the AM-PAC was designed to be used across patient diagnoses, conditions and settings where post acute care is being provided; therefore, the AM-PAC is useful for developing benchmarks and for examining functional outcomes over an episode of post acute care, as patients move across care settings.	This is too specific a measure to include in core group; unsure whether /how AM-PAC survey being implemented

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
213	Change in Daily Activity Function as Measured by the AM-PAC:	0430	CREcare	Patient Experience	Survey	The number (or proportion) of a clinician's patients in a particular risk adjusted diagnostic category who meet a target threshold of improvement in Daily Activity (i.e., ADL and IADL) functioning. We recommend that the target threshold is based on the percentage of patients who exceed one or more Minimal Detectable Change (MDC) thresholds. The percentage threshold is derived from a normative database used for benchmarking. MDC is considered the minimal amount of change that is not likely to be due to measurement error. It is one of the more common change indices, which can be used to identify reliable changes in an outcome like Daily Activity function adjusting for the amount of measurement error inherent in the measurement.	This is too specific a measure to include in core group
H-53	OP-21: Time in ED Before Pain Medication	0662	CMS	Patient Experience	Clinical Data	Median time from emergency department arrival to time of initial oral or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF).	
H-86	SCIP VTE-2: Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	0218	CMS	Patient Safety	Clinical Data	Percentage of surgery patients who received appropriate Venous Thromboembolism (VTE) Prophylaxis within 24 hours prior to Anesthesia Start Time to 24 hours after Anesthesia End Time.	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-105	VTE-2: ICU VTE Prophylaxis	0372	The Joint Commission	Patient Safety	Clinical Data	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer). This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE).	
H-89	SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) With Day of Surgery Being Day Zero	0453	CMS	Patient Safety	Clinical Data	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.	
H-82	SCIP Inf-1a: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision – Overall Rate	0527	CMS	Patient Safety	Clinical Data	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.	
H-83	SCIP Inf-2a: Prophylactic Antibiotic Selection for Surgical Patients –Overall Rate	0528	CMS	Patient Safety	Clinical Data	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	
109	SCIP-VTE-1: Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered		The Joint Commission	Patient Safety	Clinical Data	Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered anytime from hospital arrival to 48 hours after Surgery End Time.	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-12	CAC-1a: Relievers for Inpatient Asthma (age 2 years through 17 years) – Overall Rate	0143	The Joint Commission	Pediatric	Clinical Data	Use of relievers in pediatric patients, age 2 years through 17 years, admitted for inpatient treatment of asthma. This measure is a part of a set of three nationally implemented measures that address children’s asthma care that are used in The Joint Commission’s accreditation process.	Need to understand whether there is a data source for WA; highly regarded by pediatric community. National data suggests little opportunity for improvement. Group requested this be a parking lot measure.
236	Children Who Had Problems Obtaining Referrals When Needed	0718	Child and Adolescent Health Measurement Initiative on behalf of the Maternal and Child Health Bureau	Pediatric	unknown	The measure aims to ascertain the perceived difficulty in obtaining referrals for children when needed for optimum health.	
H-13	CAC-2a: Systemic Corticosteroids for Inpatient Asthma (age 2 years through 17 years) – Overall Rate	0144	The Joint Commission	Pediatric	Clinical Data	Use of systemic corticosteroids in pediatric asthma patients (age 2 through 17 years) admitted for inpatient treatment of asthma. This measure is a part of a set of three nationally implemented measures that address children’s asthma care that are used in The Joint Commission’s accreditation process.	National data suggests no opportunity for improvement.
15	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	0069	NCQA	Pediatric	Claims	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	No significant opportunity for improvement
114	Tympanostomy tube insertion: Pediatric Hearing Test	0587	Resolution Health	Pediatric	Claims	This measure identifies the percentage of patients age 2 through 12 years with OME who received tympanostomy tube(s) insertion during the measurement year and had a hearing test performed within 6 months prior to the initial tube placement.	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-34	Hospital Admissions for Pediatric Asthma, per 100,000 children	0728	AHRQ	Pediatric	Claims	Admission rate for asthma in children ages 2-17, per 100,000 population (area level rate)	
H-95	STK-1: Stroke Patients with VTE Prophylaxis	0434	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	
H-94	SM-PART-STROKE: Participation in a systematic database for stroke care	NA	CMS	Stroke	Clinical Data/ Registry		It is state law for hospitals to participate; currently 50 hospitals comply. Workgroup recommends full participation in program.
H-98	STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	
H-100	STK-5: Antithrombotic Therapy By End of Hospital Day Two	0438	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic stroke patients who had antithrombotic therapy administered by end of hospital day two (with the day of arrival being day 1).	
H-101	STK6: Discharged on Statin Medication	0439	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic stroke patients with LDL greater than or equal to 100 mg/dl, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival who are prescribed statin medication at hospital discharge.	
H-96	STK-10: Assessed for Rehabilitation	0441	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services during the hospital stay.	

#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Comments
H-55	OP-23: Brain Scan Results in 45 Minutes	0661	CMS	Stroke	Clinical Data	Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival.	
H-102	STK-8: Stroke Education	0440 (no longer endorsed)	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given stroke education materials.	
H-97	STK-2: Discharged On Antithrombotic Therapy	0435	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	

The following topics/measures have been excluded from further consideration for the initial list of recommended of measures (“the starter kit”). However, they have been placed on a “parking lot” list which will be shared with the Performance Measurement Committee along with the initial list of recommended measures. This list reflects topics and/or specific measures that are considered very important for additional consideration and inclusion at a future date, dependent upon (1) the availability one or more nationally vetted measures that are relevant for to a broad cross section of the population, and (2) data that is readily available to enable measurement and reporting at the medical group, hospital, health plan and/or geographic (county) level. This list should be considered draft and will be revisited before final submission to the Performance Measurement Committee.

Topic	Comments	Potential Measures
1. Outpatient minutes to transfer: Time from emergency department arrival to time of transfer to another facility for acute coronary intervention	This is a CMS measure and is important measure of process, particularly for smaller, rural facilities.	NQF #0289 (CMS)
2. Care Transitions following discharge from the hospital	The workgroup feels that this is a high priority topic but it is unclear how to measure it reliably with currently available data. The workgroup recommends revisiting this topic each year to ascertain whether one or more reliable measures have been agreed upon and whether data is readily available in WA State.	Discharge Information and Follow-up Phone Call for Inpatients (WSHA measure)
3. Medication Reconciliation	The workgroup feels that this is a high priority topic but it is unclear how to measure it reliably with currently available data. The workgroup recommends revisiting this topic each year to ascertain whether one or more reliable measures have been agreed upon and whether data is readily available in WA State.	
4. Prenatal and Postpartum Care	Currently difficult to measure utilizing claims data; providers charge global fee and do not routinely submit claims for individual prenatal and postpartum visits that are associated with the global fee.	NQF #1517 (NCQA)
5. Pediatric Asthma (inpatient care)	Need to understand whether there is a data source for WA; highly regarded by pediatric community. National data suggests little opportunity for improvement. Group requested this be a parking lot measure.	NQF# 0143 (Joint Commission)
6. Systematic database for stroke care	The workgroup strongly recommends 100% participation in a recognized clinical database/registry by hospitals in WA State; it is state law for hospitals to participate however, currently only ~50 hospitals comply. Workgroup recommends full participation in program.	